

**MEMORANDUM OF AGREEMENT
BETWEEN
THE DENALI COMMISSION
AND
THE STATE OF ALASKA - DEPARTMENT OF PUBLIC SAFETY
FOR
CAPITAL INFRASTRUCTURE IMPROVEMENTS
FOR
DOMESTIC VIOLENCE & SEXUAL ASSAULT SHELTERS
PROJECT # A-2002-01**

August 2002

1. Parties and Purpose

This Memorandum of Agreement (MOA) establishes an Agreement between the Denali Commission (Commission) and the Alaska Department of Public Safety (A-DPS), an agency of the State of Alaska.

2. Background

The Commission is an independent agency established by the Denali Commission Act of 1998. In general, the Commission is authorized to provide needed infrastructure, training and economic development projects and programs in rural Alaska. The Council of Domestic Violence and Sexual Assault (an organizational unit of A-DPS) was formed in 1981 to "provide for planning and coordination of services to victims of domestic violence and sexual assault and to perpetrators of domestic violence and sexual assault and to provide for crisis intervention and prevention programs" (AS 18.66.010). The Council has identified a total of \$2.22 Million in infrastructure improvements to 21 shelters across the state (see attachment). The Rasmuson Foundation is providing \$1.5 Million, the State is providing \$500,000 and the Denali Commission is providing \$220,000 to this effort.

3. Responsibilities

The Commission shall provide funding of \$220,000 to A-DPS on a schedule of payments agreeable to both parties to carry out the shelter improvements identified in this document. A-DPS will coordinate with the Rasmuson Foundation for their contribution to this effort, and will also manage the funds for successful completion of the improvements to the 21 shelters.

4. Period of Agreement, Amendment and Termination of Agreement

This Agreement shall be effective as of the date of the last signature and will remain in effect for a twenty-four-month period. This Agreement may be amended in writing at any time by mutual consent of the Commission and A-DPS. If termination action is proposed, conditions concerning termination shall be established by mutual agreement. Any party may terminate this Agreement by providing 60 days-advanced written notice to the other party.

5. Other Provisions

Nothing herein is intended to conflict with current Commission or A-DPS directives. If the terms of this Agreement are inconsistent with existing directives of any of the agencies entering into this Agreement, then those portions of the Agreement that are determined to be inconsistent shall be invalid but the remaining terms and conditions shall remain in full force and effect.

Should disagreement arise on the interpretation of the provisions of this Agreement, or amendments and/or revisions thereto, that cannot be resolved at the operating level, the area(s) of disagreement shall be stated in writing by each party and presented to the other party for consideration. If agreement on interpretation is not reached within thirty calendar days, the parties shall forward the written presentation of the disagreement to respective higher officials for appropriate resolution.

For financial transactions:

State Tax ID: 92-6001185

Bank Information: State Street Bank & Trust, ABA# 011000028, Account # 065718912000

Reporting:

- Quarterly and final project reporting shall follow the Rasmuson Foundation format. A-DPS shall provide copies of the reports to both the Rasmuson Foundation and the Commission.
- In addition to the Rasmuson format final report, a final Financial Status Report (Standard Form 269 – www.whitehouse.gov/OMB/grants/index.html#forms) shall be submitted to the Commission Project Officer within 90 days after the end of the Agreement Performance Period.
- Photographic documentation shall be provided to the Commission and the Rasmuson Foundation at the beginning of the project and at project completion. For minor repair projects, pictures should be provided before and after to the extent possible. Photos shall be provided as photo quality, 3x5 prints with a negative for each picture, and/or print quality electronic photos (digital images). A short description of the activity and names of those in the photos shall also be provided.


6. Points of Contact

For general information relating to the Agreement, contact:

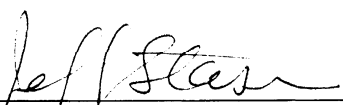
Commission Point of Contact	A-DPS Point of Contact
Krag Johnsen Program Manager Denali Commission 510 L Street, Suite 410 Anchorage, Alaska 99501 Ph: 907-271-1413 Fax: 907-271-1415 Email: kjohnsen@denali.gov	Susan Scudder Executive Director Council on Domestic Violence & Sexual Assault P.O. Box 111200 Juneau, Alaska 99811-1200 Ph: 907-465-4356 Fax: 907-465-3627 Email: susan_scudder@dps.state.ak.us

IN THE WITNESS WHEREOF, the parties have subscribed their names,

8/13/02
Date


Del Smith
Commissioner
Alaska Department of Public Safety

8/8/02
Date


Jeff Staser
Federal Co-Chair
Denali Commission

Program	Location	Request	USDA	
			Potentially	Eligible
Alaska Family Resource Center	Palmer	534,989		\$80,248
Advocates for Victims of Violence, Inc.	Valdez	28,866		
Abused Women's Aid in Crisis, Inc.	Anchorage	596,071		
Aiding Women in Abuse and Rape Emergencies	Juneau	68,717		
Alaska Women's Resource Center	Anchorage	0		
Arctic Women in Crisis	Barrow	76,275		
Bering Sea Women's Group	Nome	27,800		\$20,850
Cordova Family Resource Center	Cordova	2,800		
Emmonak Women's Shelter	Emmonak	106,217		\$79,663
Interior Alaska Center for Non-Violent Living	Fairbanks	83,763		
Kodiak Women's Resource and Crisis Center	Kodiak	68,421		\$10,263
Kenai Soldotna Women's Resource and Crisis Center	Kenai	109,409		
Manitlaq Family Crisis Center	Kotzebue	52,300		\$39,225
Safe and Fear-Free Environment, Inc.	Dillingham	138,912		
Sitkans Against Family Violence	Sitka	130,561		
SeaView Community Services	Seward	71,136		
South Peninsula Women's Services	Homer	25,980		
Standing Together Against Rape	Anchorage	43,934		
Tundra Women's Coalition	Bethel	136,326		\$47,714
Unalaskans Against Sexual Assault and Family Violence	Unalaska	27,459		
Women in Safe Homes	Ketchikan	157,566		
TOTAL		\$2,487,502		\$277,963

Commitments to date:

Rasmuson Grant	1,000,000
Rasmuson Match	500,000
State	500,000
Denali Commission	220,000
Total	2,220,000

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO

0348-0004

PAGE 1 OF 2
PAGES

1
TYPE OF
PAYMENT
REQUESTED

a. "X" one or both boxes

☒ ADVANCE ☐ REIMBURSE-
MENT

b. "X" the applicable box

☐ FINAL ☐ PARTIAL

2 BASIS OF REQUEST

☒ CASH

☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO
WHICH THIS REPORT IS SUBMITTED

Denali Commission

4. FEDERAL GRANT OR OTHER
IDENTIFYING NUMBER ASSIGNED
BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST
NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION
NUMBER

92-6001185

7. RECIPIENT'S ACCOUNT NUMBER
OR IDENTIFYING NUMBER

06571891200

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

12-15-02

TO (month, day, year)

8-13-04

9. RECIPIENT ORGANIZATION

Name: Council on Domestic Violence and Sexual Assault

Number
and Street: P.O. Box 111200

City, State
and ZIP Code: Juneau, AK 99811-1200

Name:

Number
and Street:

City, State
and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$	\$	\$	\$ 0.00
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	0.00	0.00	0.00	0.00
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	0.00	0.00	0.00	0.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e				0.00
h. Federal payments previously requested				0.00
i. Federal share now requested (Line g minus line h)	0.00	0.00	0.00	0.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month				0.00
2nd month				0.00
3rd month				0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$ 220,000.00
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 220,000.00

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

13.

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL



TYPED OR PRINTED NAME AND TITLE

Susan M. Scudder, Executive Director

DATE REQUEST
SUBMITTED

December 12, 2002

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

907-465-5504

This space for agency use

Denali Daniels approved 12/20/02 \$220,000

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | Item | Entry |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. |
| <p>Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.</p> | |
| 11 | The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or |

- | Item | Entry |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 13 | Complete the certification before submitting this request. |